City of Dublin
Community Development Department
100 Civic Plaza | Dublin, CA 94568 | (925) 833-6610
www.dublin.ca.gov/businesslicense

Business License Application: *Home Occupation*

Please check one: ☐ New Application ☐ Change of Owner ☐ Change of Address ☐ Change of Business Name ☐ Daily/Itinerant BL

Corporate/Business Name: _____ Start of Bus. in Dublin (MM/YY): _____

DBA Name (if applicable): _____ Business Phone: _____

Business Location*: _____ Business Fax: _____

_____ Resale No.: _____

**Cannot be PO Box per State of CA Business & Professions Code Section 17538.5*

Federal ID No.: _____

Mailing Address*: _____ State ID No.: _____

**If different from above* _____ CSLB No.: _____

Email: _____ CSLB Type: _____

Description of Business: _____ CSLB Exp. Date: _____

Ownership Type: ☐ Corporation ☐ LLC ☐ Sole Propietor ☐ Partnership ☐ Trust

1st Owner Name: _____ Driv. Lic#. _____

Home Address*: _____ DL State & Exp. Date: _____

**Cannot be PO Box* _____ SSN*: _____

**SSN must be provided if no Federal ID is listed above*

Primary Phone: _____ Secondary Phone: _____

2nd Owner Name: _____ Driv. Lic#.: _____

Home Address*: _____ DL State & Exp. Date: _____

**Cannot be PO Box* _____ SSN*: _____

**SSN must be provided if no Federal ID is listed above*

Primary Phone: _____ Secondary Phone: _____

Emergency Contact: _____ Primary Phone: _____

Address: _____

Alarm Co. Name: _____ Primary Phone: _____

Address: _____

☐ Please mark this box if **you OWN** your residence. If **you RENT** your residence, please provide the information/authorization below:

Own/Prop. Mgr.: _____ Primary Phone: _____

Address: _____

Own/Prop. Mgr. signature authorizing business use*: _____

**Letter from Own/Prop. Mgr. authorizing business use may be attached in place of acquiring signature above.*

# of Employees: _____ Sq. Ft. of Bus. Space: _____ Operating Days/Hours: _____

Will business use/store/sell flammable, explosive, corrosive, hazardous materials?
☐ Yes ☐ No

Will business use/store/sell alcohol?
☐ Yes ☐ No

FEES* DUE
**Please see breakdown attached*

Bus. Lic. Fee: _____

Penalty Fee: _____

Other Fee: _____

Senate Bill 1186 CASp Fee: $4.00

TOTAL: _____

I declare that all of the information provided is correct to the best of my knowledge. I certify that I will operate my business in accordance with all applicable federal, state and city laws and regulations. I understand that any false statements made are grounds for denial or revocation of my business license.

_____ _____
Business Owner/Representative Signature Date

CITY USE ONLY

Act. No.: _____ ☐ Approved ☐ Denied Entered in Eden (Initials): _____ Scanned (Init./Date): _____

City of Dublin

Community Development Department

Home Occupation Business License Supplemental Questionnaire - *Page 1 of 2*

This form must be completed by the prospective business owner in order to obtain a license to conduct business within a residence in the City of Dublin. Please answer the following questions, sign and date this form, and return it to the Community Development Department. The Dublin Zoning Ordinance allows a home occupation to be conducted in a Residential District when in compliance with the Home Occupation Regulations (Chapter 8.64). The following questionnaire will assist in determining if the operating characteristics of your proposed home occupation are consistent with these regulations.

Business Name: _____ Business Phone: _____

Business Address: _____

☐ Yes ☐ No 1) Is your home occupation a **Large Family Day Care** or a **Cottage Food Operation**?

a) If yes, a Zoning Clearance is required prior to the issuance of a Business License. Please contact the Planning Division at (925) 833-6610 for more information. You may skip the remainder of this form and sign and date the bottom.

b) If no, complete the remainder of this Questionnaire.

☐ Yes ☐ No 2) Will your home occupation be conducted within an accessory structure or temporary structure (excluding a lawfully constructed detached office, studio or workshop)?

☐ Yes ☐ No 3) Will your home occupation change the external appearance of your residence?

☐ Yes ☐ No 4) Will your home occupation require that construction equipment or work vehicles (such as plumbing vans, electronic repair vans, or similar equipment or work vehicles) be stored at your residence?

☐ Yes ☐ No 5) Will more than one company vehicle (truck, van or automobile only) or any vehicle larger than ¾ ton in capacity, be parked and used directly or indirectly in connection with your home occupation?

☐ Yes ☐ No 6) Will your home occupation violate any applicable codes, laws or regulations of the City, County, State or Federal governments?

☐ Yes ☐ No 7) Will your home occupation be conducted in the garage?

a) If yes, how many parking spaces will remain available for the parking of vehicles? _____

☐ Yes ☐ No 8) Will any vehicle used for your home occupation be parked in your garage, or in an assigned parking space or designated guest parking space (for multi-family dwellings)?

☐ Yes ☐ No 9) Will your home occupation be located in an Emergency Shelter or Transitional Housing?

☐ Yes ☐ No 10) Will your home occupation require that employees gather at or work from your residence (excluding employees who reside in the home)?

☐ Yes ☐ No 11) Will your home occupation require the installation of equipment or appliances, or the storage of materials, of a non-residential nature, in your residence or in an accessory structure?

☐ Yes ☐ No 12) Will you engage in activities or use equipment or material that would change the fire safety or occupancy classification of your residence, as set forth in the Building Code (i.e. from a residential occupancy to a hazardous occupancy)?

☐ Yes ☐ No 13) Will your home occupation require the storage of flammable, explosive, or hazardous materials?

☐ Yes ☐ No 14) Will your property be used only for the home occupation (i.e. you would not be living in the residence)?

☐ Yes ☐ No 15) Will your home occupation be conducted outdoors (excluding swimming instruction) and/or in more than one room within your residence?

☐ Yes ☐ No 16) Will customers visit the residence to receive merchandise or goods that are sold, leased or rented as part of your home occupation?

☐ Yes ☐ No 17) Will customers visit the residence to receive services provided as part of your home occupation?

☐ Yes ☐ No 18) Will your home occupation create or cause traffic, noise, dust, light, vibration, odor, gas, fumes, toxic/hazardous materials, smoke, glare, electrical interference, or other hazards or nuisances beyond those normal for a residential area?

☐ Yes ☐ No 19) Will your home occupation involve the outdoor storage or display of merchandise, equipment, appliances, tools, materials or supplies?

☐ Yes ☐ No 20) Will any advertising sign, window display, or other identification of the home occupation be displayed on the premises (other than a house number and/or name plate)?

☐ Yes ☐ No 21) Will your home occupation involve the storage of equipment, materials, wastes, or other items needed for, or produced by, a construction, landscaping or service trade?

☐ Yes ☐ No 22) Will your home occupation provide instruction to more than two students at one time in music, academics, dance, or swimming, or would students be given instruction before 8:00am or after 9:00pm?

☐ Yes ☐ No 23) Will your home occupation generate more than five additional pedestrian or vehicular trips per day or more than two delivery trips per day?

☐ Yes ☐ No 24) Will your home occupation require that deliveries be made after 9:00pm or before 8:00am?

25) Will your home occupation involve any of the following types of businesses:

☐ Yes ☐ No a. Adult Business Establishment?

☐ Yes ☐ No b. Personal Services (excluding Tutoring)?

☐ Yes ☐ No c. Carpentry or cabinet making?

☐ Yes ☐ No d. Dance or night club?

☐ Yes ☐ No e. Fortune telling?

☐ Yes ☐ No f. Grooming, breeding, boarding (day or night), training or raising of any animal?

☐ Yes ☐ No g. Medical or dental office, clinic or laboratory?

☐ Yes ☐ No h. Mini-storage?

☐ Yes ☐ No i. Repair (body or mechanical) or reupholstering of a vehicle not owned by you?

☐ Yes ☐ No j. Repair Shop (including appliances, electronic equipment, furniture, fix-it shops, or plumbing)?

☐ Yes ☐ No k. Eating and Drinking Establishment?

☐ Yes ☐ No l. Welding and machining?

I declare under penalty of perjury that all of the submitted information is true and correct to the best of my knowledge and belief. I understand that any misrepresentation of submitted data may invalidate any approval of this application.

If you have any questions about the contents of this Questionnaire, please contact the City of Dublin Planning Division at (925) 833-6610 prior to submitting your application.

Business Owner/Representative Name (Print legibly or Type)

Business Owner/Representative Signature

Date